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## St. Bartholomew's Hospital Journal,

*AUGUST*, 1901.


"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii, Ode iii.

## A Chinese Midwife.


By H. J. WALTON, M.B., F.R.C.S.,
Capt. I.M.S., 7th Rajputs, China Field Force.


NOW that the position, status, and responsibilities of the midwife are attracting so much attention in England, it occurred to me that it might be interesting to interview one of the sisterhood in China, and to hear her view on the subject of obstetrics. Among the "staff" of a dispensary for Chinese that I have been "running" for the last few months in Pekin is an "ex-Boxer;" at least, the British Police Commissioner kept him in prison for five months as such, and certainly his personal appearance is somewhat against him. On his release from prison he was handed over to me as a "dresser," and has turned out a great success, being very keen and energetic. He fairly revels in gore, and it is a sight to be remembered when he is allowed to open an abscess. Catheterisation is another operation in which he takes the greatest interest, and one shudders to think of him as "Lord High Executioner" in the next Boxer rising, forcibly passing a "No. 12" through a tight stricture. "Death by the hundred cuts" would be almost merciful in comparison.

To return to the midwife. I asked my Boxer friend, whose knowledge of Pekin appears to be both "extensive and peculiar," to find out a midwife in flourishing practice, and to invite her to pay me a visit. None came for several days; all that I could get out of the Boxer, through an interpreter, was that it was "very difficult." However, one day he produced one triumphantly, and told me that she had one of the largest "family practices" in Pekin.

The midwife was a withered old dame, with rather an intelligent face. She informed me that she had been "in practice" for forty years, during which time she had attended, on an average, about a hundred confinements a month. I am afraid that I looked rather incredulous, and she appeared to be a little surprised herself when I reminded her that she must have attended forty-eight thousand cases. However, she recovered her self-possession and said, "Well, I dare say I have."

The profession appears to be an hereditary one; her sole "qualifications" for it were that her mother and grandmother had both been midwives. She assured me that I might implicitly believe all that she said, and added that "of course men-doctors could never understand the diseases and tribulations of women." She herself knew the remedies for all the "seventy-two diseases" to which women are subject, except that for "shortness of breath." The

following are some of the facts and customs that I learnt from her:

The sex of the child may be foretold at the end of the third month of pregnancy by feeling the pulse at the right wrist and in the digital arteries of the mother. A male child is also indicated by the mother's "happy expression."

During the second and third stages of labour the mother should sit up on the edge of a chair, with her legs widely open.

The umbilical cord is not to be divided until the child cries; it is not tied, and is left of such a length that the end reaches to the top of the child's head. If hæmorrhage occurs from the cut end, the cord is to be twisted between the fingers. It is then dusted with alum and wrapped up in a piece of paper.

If the third stage is not completed within a few minutes of the birth of the child, the cord must not be pulled upon; but the hand, previously washed, is to be introduced, and the placenta pulled out. My informant knew nothing about retained membranes.

The mother is to sit up for some hours after delivery, "lest the blood should mount to the head." If the child is born asphyxiated, it is to be "dandled" on the palm of one hand; this never fails to resuscitate it.

If a hand or arm presents by the side of the head, it is to be manually replaced. Prolapse of the cord "does not matter at all." In cases of disproportion between the sizes of the head and pelvis, one should do nothing "for several days." Chinese women of the upper classes take very little exercise—how can they, poor things, on their absurd little feet? and their labours are usually tedious. If, after a long delay (*i. e.* more than "several days"), the child is not born, the sides of the abdomen are to be well squeezed. If the child is dead—and this is known by the mother's pulse—the head is to be broken up with the fingers. If this is impracticable "it doesn't matter." My particular midwife never uses instruments of any sort.

If delay is due to rigidity of the soft parts of the outlet, they are to be stretched with the fingers.

In breech presentations the arms are liable to become extended by the sides of the head; they are to be drawn down by digital traction on the elbow.

If the after-coming head is delayed, once more "it doesn't matter."

As regards transverse presentations, the old lady declared that she had never met with one (among all the forty-eight thousand cases!—H. J. W.) which she had not been able to rectify by means of one hand in the vagina. She never performed podalic version for any reason whatever.

Ante-partum hæmorrhage meant that the woman had been working too hard. It was to be treated with Chinese medicine. The midwife knew the name of this medicine, which could be bought at all the native drug stores, but she did not know of what it was composed.

Placenta prævia she knew nothing about.

Post-partum hæmorrhage, if moderate, was rather beneficial than otherwise, as it ensured the blood "not getting to the head." (This latter condition appears to be the bogey of Chinese midwifery!) If more severe it was to be treated with medicine. If very severe the abdomen should be rubbed vigorously.

Foul lochia and fever, coming on a few days after confinement, should be treated with medicine, and are generally due to women not sitting up at once after confinement. The midwife ceased her attendance on the third day, and knew nothing of what happened afterwards!

Swollen legs and "fits" in connection with pregnancy should be treated with Chinese medicine, and "do not matter." Such cases are never fatal!

A child should be suckled by the mother for three or four years. This makes it very strong! But it should receive additional nourishment after the age of one year.

Twin pregnancies were very rare; the midwife had never met with a case of triplets.

The duration of pregnancy is nine lunar months and ten days.

Female infanticide, which is not illegal, is common among the poorer classes. It is performed by the parents, the favourite method being to put the luckless infant in a jar and close the lid.

The fees for confinements are not large, varying from one to five dollars.

The old lady had often inserted needles into swellings in the abdomen, letting out a great deal of "water of different colours," and invariably curing the patient.

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We parted the best of friends. The midwife drank a cup of tea with me, and shook hands vigorously with herself, and I noticed that, in spite of her intimate acquaintance with the "seventy-two diseases," she procured from the officious Boxer a bottle of the "indigestion mixture" (our old friend the Bart.'s "Haust. Gent. cum Rheo"); but then, perhaps, her own complaint *was* "shortness of breath."

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## The History of our Special Departments.

*The Mid Sessional Address delivered before the Abernethian Society on June 26th, 1901, by* J. A. ORMEROD, M.A., M.D., F.R.C.P.

DR. ORMEROD said that in the history of our special departments he imagined at first that he had secured an interesting subject for the address. But when he came to look into it he found that several of these departments really had very little history to record, save that they had come into existence and still existed. Either their original conception had been so good that they were capable of no further development, or else (which was more probable) this development was to come.

There had been special departments at the hospital which had lived and died. For instance, there were special wards for infectious fevers not so long ago. The arrangement in force up to 1874 was that all cases of infectious fever,* smallpox excepted, were taken into the general wards. At that date typhus was practically non-existent, though there had been plenty previously, and more than one sister and nurse had caught it and died. Diphtheria was not nearly so frequent as it became some years later. There was, however, plenty of scarlet fever, and the speaker well remembered his first case, which was planted in the middle of Mark Ward. However, in 1874 the Treasurer asked the Medical Council whether these infectious cases ought not to be put into separate wards. The Council replied that a separate building ought to be provided. This presumably was impossible, owing to our ever-present difficulty of space: at any rate it was not done, and in 1875 the upper floor of the west block, consisting of Radcliffe, then a general medical ward, and Lazarus, then the male syphilitic ward, was shut off, as well as could be done, from the rest of the block, and converted—Radcliffe into a scarlet fever ward, Lazarus nominally into a typhus ward, but really into a ward for typhoid, diphtheria, and doubtful cases.

The Medical Council seem to have regarded this arrangement as a temporary expedient; but the separate block was never built, so there were fever wards, not a fever building. No doubt it was an excellent idea that students should be able, within the walls of their own hospital, to study every variety of disease; and, indeed, until the Metropolitan Asylums were thrown open to them, they had little opportunity of studying fevers anywhere else; but public opinion was becoming more sensitive on the subject of isolation, and our plan of isolation was admittedly a makeshift, and so the plans had to be banished. Radcliffe was closed for scarlet fever in 1884, and, after doing duty as a diphtheria ward on a large scale in the epidemic which we had some few years later, finally settled down to its present position. The opposite ward, formerly Lazarus, was also closed for fevers, and has been at various times since—a nurses' bedroom, a temporary "cholera" ward, and an erysipelas ward under the name of Coborn.

Formerly, too, there were special wards for venereal cases—fifty beds for females in Magdalen, which covered the whole upper floor of the east block, and twenty-five for males in Lazarus at the top of the west block. Then special wards were instituted about 1853, and continued in full swing for over twenty years. But when the fever wards were instituted the male syphilitic cases were transferred to the top of the east block, thereby reducing Magdalen one half. In 1882 this male syphilitic ward was given up to erysipelas, and the one remaining venereal ward was divided into two parts, male and female; and in 1895 this class of ward was given up altogether.

Neither the fever wards nor the venereal wards were under the care of one particular physician or surgeon, and so they were not specialities in that sense. Magdalen (by some of the surgeons) used to be handed over to a dresser for the week, the house surgeon going there if he was wanted particularly, and the surgeon having one afternoon there.

Tradition says that once, on account of some imaginary grievance, a rebellion broke out among the women in Magdalen, and that they all got out of bed and out of the window, and there, behind the balustrade, defied the steward in the square beneath.

There was once a vaccination department, but it had a very short life. Originally vaccination was done by the apothecary, an official in whom many functions centred. He assisted the physicians in the wards. He did such operations as cupping, bleeding, and electrifying the in-patients, until the institution of house physicians in 1867. He also saw the surplus out-patients who remained after the distributions of Governors' letters. Then, as now, the surplus must have been considerable; for of the apothecary it was said that he would marshal his army by the words "Diarrhœa to the right, coughs to the left, all those with a pain in your stomach hold up your hands." Evidently this was the origin of our present casualty department, itself containing no special department, but the mother of them all, to whom they look for their daily bread, praying that their food may be neither scanty, nor excessive, nor yet monotonous, but occasionally enriched by some pathological plums. But to return. In 1867, the apothecary having resigned and his office having lapsed, the teaching and practice of vaccination was handed over to the two junior assistant physicians, who were in 1868 Dr. Church and Dr. Gee, and in 1869 Dr. Gee and Dr. Duckworth (giving them their then titles). But in the following year the vaccination department disappeared, having been starved out, in the opinion of Dr. Gee, by the general practitioners of the neighbourhood. Vaccination was chiefly performed upon the babies who had been introduced to the world by the students of our extern midwifery department. But the doctors of the neighbourhood, who perhaps did not regret the loss of the midwifery, did not desire to lose touch with the mothers altogether, and therefore combined to charge a very low fee for vaccination; and as a result the hospital vaccination department died of inanition.

Of the special departments that survive and flourish, the department for midwifery and diseases of women deserved first mention. This had not always its present high rank and excellent organisation; the physician-accoucheur had, indeed, to struggle to gain for himself a proper recognition, a fact that seemed curious when we remembered that midwifery was alluded to as part of the hospital work so far back as the time of Edward III, as appeared from the quotation in our Handbook, "Mulieres prægnantes quousque de puerperio surrexerint, necnon ad omnes pueros de eisdem mulieribus genitos usque septennium si dictæ mulieres intra hospitale prædictum decesserint." Perhaps the last clause, which rendered the hospital liable to support orphaned children for seven years, contributed to keep the midwifery cases out.

Lectures in midwifery existed before there was any practical teaching of the subject. Dr. Rigby was lecturer from 1838 to 1849, and in 1848 Dr. Charles West was made joint lecturer with him. In 1848, too, Dr. West was made honorary physician-accoucheur, and in that capacity took charge of uterine cases as out-patients. Next year, at his suggestion, an extern midwifery department was instituted. Four years later (1853) the uterine cases among the in-patients were put in a separate ward at the top of the south block—the beginning of Martha Ward. Thus all three branches of this department, gynæcological wards, gynæcological out-patients, and extern midwifery department, were instituted in Dr. West's time. But the physician-accoucheur found himself in an unsatisfactory position. He was an honorary officer; *i.e.* while the physicians and surgeons received 100 guineas or £100 per annum, he received nothing. In 1855 Dr. West complained to the Treasurer both of this and of the fact that he was not invited, like the rest of the staff, to the Hospital dinners and other festivals. It was resolved to give him a "gratuity," which doubtless in time developed into a regular payment. Fourteen years later his successor (Dr. Greenhalgh) complained to his colleagues that he had no seat on the Medical Council, and that he did not, like the other teachers in the School, receive any share in the School profits. Thus the head of the gynæcological department had for many years to be inferior in rank to his medical and surgical colleagues, a matter which has long since been put right. The only difference now between the physician-accoucheur and the other physicians is that the former is elected by the House Committee, not by the General Court of Governors, and this might be considered no disadvantage by a candidate who had to canvass them.

There was little to say concerning the history of the in-patient branch of this department, except, perhaps, as to the arrangement for the performance of the major operations. These had always been retained by the surgeons in their own hands. In 1860 it was arranged that each of the four surgeons should take them, month and month about. In 1870 a new arrangement was made, viz. that the junior of the four surgeons should take the work, being assisted by the senior assistant surgeon, who thus got a sort of training for his duties as junior surgeon. This arrangement appeared also to have lapsed in favour of the present one, whereby for some eight or nine years Mr. Cripps had been entrusted with the Martha operations, and with the very best results. A full description of the organisation of the Martha theatre by Mr. Cripps would be found in the 'Hospital Reports' for 1893.

The out-patient branch appeared soon to have become a heavy tax on the physician-accoucheur. In 1867 Dr. Greenhalgh asked for an assistant physician-accoucheur, and his request was refused. Having again asked for assistance in the out-patient room he was allowed a "senior midwifery assistant" (non-resident) to assist him in the wards and in the out-patient room, and to take his place during his absence. Practically he got what he wanted, for Dr. Hope, who was senior midwifery assistant, was once on duty for Dr. Greenhalgh for six months. But the actual office of assistant physician-accoucheur (as it now exists) was not made till 1875, when Dr. Godson was appointed.

About the extern (maternity) branch there had been difficulties more than once. Dr. West's original scheme for it was—

* It appears, however (*vide* an article by Sir William Church in the 'Hospital Reports' for 1886), that at an earlier date smallpox was admitted, and that in 1752 special wards were set apart for it.

That the patients should live on the north side of the river, not more than a mile from the Hospital.

That not more than ten cases a week should be attended.

That there should be a senior pupil, to whom the pupils should apply in case of difficulty or danger.

That in emergency or serious danger the senior pupil should apply to the lecturer.

In 1867 complaints were made that students did not attend the cases allotted to them, and further rules were drawn up and suggestions made. Again, in 1872 the Treasurer made serious complaints against this branch of the department, and it was then apparently that the resident midwifery assistant * was first recognised by the Hospital authorities, and appointed by them like the rest of the junior staff. It was regrettable that the students should have been blamed for neglect; but perhaps they had some excuse, for the mothers were notoriously unpunctual in their confinements, and the babies took a perverse delight in being born upon Sundays or other holidays. In 1878 Dr. Matthews Duncan brought the subject of the maternity department before the Medical Council, and a deputation went to the Treasurer about it. In 1891 a reorganisation of this department was made, and the immediate superintendence thereof was transferred to a new officer, the extern midwifery assistant, and he with his bevy of clerks was required to live at "Mackenzie's," so that they might be easy for the anxious messengers to find, and have luxurious apartments for themselves.

About the maternity practice there were always wild legends, as, for instance, that once in Whitecross Street, at a critical moment, the floor gave way, and the whole party went through into a fried fish shop underneath.

Names of the physicians who have presided over the Department for Midwifery and Diseases of Women:

Dr. West from 1848 to 1861, when he resigned.
Dr. Greenhalgh from 1861 to 1877, when he resigned.
Dr. Matthews Duncan from 1877 till his death in 1890.
Dr. Godson, as assistant physician-accoucheur, from 1875 to 1890, when he resigned

and since 1890 Dr. Champneys, as physician-accoucheur, and Dr. Griffith, as assistant physician-accoucheur,

"whom God preserve!"

The ophthalmic department, unlike the gynæcological, seemed to have blossomed into completeness very quickly. Four special departments were started, nominally, at any rate, in 1867, viz. eyes, ears, orthopædics, and skins. The reason for this sudden rush into specialties the speaker did not certainly know. He had been told that it was because the school wanted a fillip, and that it was thought well to give the younger members of the staff, assistant physicians and surgeons, more opportunities for teaching; at any rate, the specialties were placed in their hands, and taught in out-patient practice.

The first "demonstrators of diseases of the eye," in 1867, were Mr. Callender and Mr. Langton; the next, in 1868, Mr. Langton and Mr. Vernon; and now there was advertised a special course of demonstrations with the ophthalmoscope, the first, presumably, of those invaluable demonstrations which Mr. Vernon continued for so many years. In 1869 Mr. Vernon was sole demonstrator. During this year wards were being built, our present eye wards and theatre, placed on the top of the Abernethy-Lucas block (which was already in existence); they were opened in 1870, and described by Mr. Henry Power in the 'Hospital Reports' for 1871. Mr. Power and Mr. Vernon were made surgeons; the former became lecturer, the latter continued his demonstrations, and for many years they successfully carried on the ophthalmic work of the Hospital—Mr. Power till his resignation a few years ago, Mr. Vernon till his sad death this year. One other appointment, equally wise and successful, was made at or about this time, namely, that of the Sister of the Ward, without whom we should scarcely recognise the place. Thus within three years the eye department became fully equipped and organised; and in this organisation there were two points which the speaker thought deserved notice. First, there were two surgeons, senior and junior perhaps, but not one called surgeon and one called assistant surgeon. Secondly, there was no hard and fast line between in-patient surgeon and out-patient surgeon—all in-patients for the one, all out-patients for the other; but both had beds, and both saw out-patients. No need to say how great a boon it is for a man engaged in seeing out-patients to have beds in which he can follow up cases that must be admitted; it might also be a good thing for the man in charge of wards to continue to see some out-patients. It would be answered, no man would do this as he gets on in life and in private practice. But Mr. Vernon did, in spite of feeble health, and in spite of the development of a fatal illness; and when first obliged to take to the bed from which he was never to rise, his anxiety was to be back teaching and working in the out-patient room.

There was no need to say that the original staff of the eye department had found worthy and capable successors in Mr. Jessop and Mr. Holmes Spicer, and every one hoped that they would spend an equally long time in its service.

As regards the rest of the brood of special departments which were hatched out in 1867, they were still struggling along, as best they could, in their original form of out-patient departments.

The aural department was taken from the time of its foundation up to 1872 by Mr. Thomas Smith, and from 1872 till 1880 by Mr. Langton; and then Mr. Cumberbatch, who had been making a special study of ear disease and doing work in the department for several years, was made aural surgeon. No beds were allotted to the aural surgeon, though his colleagues did their best to make up for this deficiency. It seems that deaf people do not captivate sympathy like the blind; and neither do the public understand that ear disease may become rapidly dangerous to life; nor do the profession realise the important bearing which aural symptoms may have on general medicine. Anyhow, the head-quarters of the aural department had to remain in the surgery, a place of all others unsuited for the accurate study of hearing power.

Concerning the other two departments of the 1867 quadruplet, namely, the Orthopædics and the Skins, there was little to say beyond the names of those members of the staff who had held them, which were as follows:

(1) The Orthopædic Department.
Mr. Willett from its beginning up to 1878.
Mr. Marsh from 1879 to 1881.
Mr. Walsham from 1882 to 1897.
Mr. Bruce Clarke from 1882 to the present time.
(2) The Skin Department.

Dr. Andrew and Dr. Southey were demonstrators of diseases of the skin 1867 and 1868; but this was more or less nominal, since the skin diseases were then not seen separately, but in the course of the ordinary out-patient practice: the skin department as such was first under the charge of—

Dr. Gee in 1870; and then under
Dr. Duckworth till 1874.
Mr. Morrant Baker, 1875 to 1881.
Dr. Wickham Legg, 1882 to 1884.
Mr. Cripps, 1885 to 1891.
Dr. West, 1892 to 1898.
Dr. Ormerod, 1899 to the present time.

The Throat Department was some years junior to the others, not having been started till 1874 or 1875. This department, now in the hands of the surgeons, and most ably conducted since 1892 by Mr. Bowlby, and for ten years before that by Mr. Butlin, was, nevertheless, originated by a physician, Dr. Brunton. He (Sir Lauder Brunton) said that it came to pass thus: he had the option of taking the skin department, but did not wish to do so. He thought, however, that there ought to be a throat department; he therefore went abroad and studied for some time under Schrötter at Vienna, and on his return started our throat department, which he worked for some five or six years. He still looked with affection on the old elevating chair which he had had made for the department on the Vienna model.

The provision of wards or of beds for these special departments seemed hopeless at the present time, though it was obviously most desirable. Nay, even as out-patient departments they existed under difficulties. They had no proper rooms of their own, but had to thrust themselves into the surgery or out-patient room when unoccupied, and to be cleared out again in time for the incoming physician or surgeon. Where was the demonstrator of orthopædic surgery to keep his elaborate apparatus for demonstration? Where was the bath-room for patients with skin diseases? There was, indeed, a bath, the one used by the resident medical officers; should they race the skin patients for it in the morning? Occupet extremum scabies!

Every one recognised the good work done by dental surgeons; and every one would admit that few branches of work could be more

* His predecessor, the senior pupil of Dr. West's scheme, lived in college, but was not necessarily a qualified man nor an officer of the Hospital. But the various schemes and recommendations made about the midwifery assistants, senior and junior, are very confusing.—J. A. O.

trying than hospital dentistry. The speaker had been unable to find out for certain who was the first dentist to the Hospital, but it appears that in 1837 Mr. Arnold Rogers was appointed dentist; he subsequently became an influential governor. In 1849 Mr. Rogers became consulting dentist and Mr. Tracy was appointed dentist, and he also subsequently became a governor. In 1851 Mr. Coleman succeeded Mr. Tracy as dentist; he had previously been made lecturer on dental surgery, a lecturership which appears to have lapsed with his resignation in 1884. Demonstrations in dentistry are now held instead. Mr. Coleman, too, after resigning office, became a governor, and also Almoner.

In 1880 the dental staff was increased by the appointment of two assistant dental surgeons, viz. Mr. Lyons and Mr. Ewbank. In 1884, Mr. Coleman having resigned, a further increase was made; two dental surgeons were appointed, Mr. Ewbank and Mr. Paterson, and two assistant dental surgeons, Mr. Ackery and Mr. Mackrell.

In 1888 (Mr. Ewbank having resigned) the staff became—surgeons, Mr. Paterson and Mr. Mackrell; assistant surgeons, Mr. Ackery and Mr. Read.

In 1891 (owing to the death of Mr. Mackrell) it became—surgeons, Mr. Paterson and Mr. Ackery: assistant surgeons, Mr. Read and Mr. Ackland.

Time failed to speak adequately of the special department which was in many ways the most interesting of all, namely, the electrical department. The electrical room of a large hospital came into touch with many branches of the hospital work—medical, surgical, and special; so that when the first officer to our electrical room, Dr. Steavenson, was appointed, that which he found most serviceable to him was the fact that, by many years of work as house surgeon and house physician, he had acquired a very wide and very practical knowledge. Moreover in an electrical room there could always be found a certain number of cast-off cases, misfits in diagnosis and therapeutics; so that to those who are fond of curiosities it was an excellent place wherein to rummage.

In an article by Sir William Church on our apothecary's shop, in the 'Hospital Reports' for 1886, would be found quotations of some early records of electrical apparatus. Thus in 1777 an electrical machine was purchased, and in 1839, the electrical machine being, like many modern ones, out of working order, a new one was made and committed to the care of the apothecary who had to use it. This was a plate machine for administering static electricity; for it was in that form that electricity was first used in London hospitals, as might be seen from articles in 'Guy's Hospital Reports,' by Addison, 1837, and by Gull, 1852.

In 1843 a bequest of £200 consols to the Electrical Institute in Bunhill Row was made over to the Hospital, though it did not appear whether any electrical apparatus was bought with it.

When the apothecary's office was abolished in 1867, the electrifying of in-patients was entrusted to the house physicians, and the electrifying of out-patients to the curator of the surgery. This functionary had (about 1878) quite a little clinique of paralysed patients, to whom he doled out, impartially and in ignorance of their diseases, faradism from the formidable coil which was used on Saturday nights for rousing drunken cases.

But in 1882 a real electrical department was made, the then inquest room being appropriated and converted for the purpose; for space for new buildings there was none. Dr. Steavenson was put in charge, and in an article in the 'Hospital Reports' (1882) he described the room, which was structurally much as now, and in this and in a subsequent article (1886) he gave an account of the electrical practice. He thought that electricity had proved of the most service in sciatica, chronic rheumatic arthritis, and stricture of the urethra. In a late article (1888) he gave an account of many cases of uterine fibroids which had been treated by Apostoli's method of electrolysis. The diseases treated by him were therefore tolerably various, and by no means limited to chronic affections of the nervous system.

Dr. Steavenson died in 1891, and Dr. Lewis Jones succeeded him. In 1892, as mentioned in an article by him in the 'Hospital Reports' of that date, some changes had been made in the apparatus. The Carré machine for the production of static electricity had been replaced by a Wimshurst machine—a much more reliable type of instrument; and bichromate cells had been altogether given up in favour of Leclanché's. There was as yet no supply from the mains.

As to the kind of cases treated, the electrolysis of urethral strictures and of uterine fibroids had been quite given up; but a very large number of nævi were being treated; and tinnitus aurium and enuresis were being dealt with successfully. There were the usual number of nervous diseases sent both for diagnosis and treatment.

By 1897 (to quote a second article by Dr. Lewis Jones) two further changes had occurred.

(1) The current from the mains had been brought into the department. Up to the present only an alternating current was available, and if a constant current from the same source was wanted it had to be provided by making the alternating drive a motor, which, again, drove a constant current dynamo. Still the alternating current was most useful for electrical baths, of which an enormous number, both general and local, were given.

(2) The X rays had been introduced, rather to the perturbation of the other work, for out of 612 cases coming to the department no less than 217 came to be examined by the X rays, and had it not been for the timely invention of the screen, by which the picture could be directly seen, the electrical room might have been turned into a photographer's shop. Even so Dr. Lewis Jones could not well have coped with the amount of this work, but that he was able to depute a large part of it to his tried assistant, Dr. Hugh Walsham, whose skill and zeal in X-ray work were known both in the Hospital and outside of it.

Still more recently the X-ray treatment of lupus had brought further work, and thus the department was threatened with an invasion of skin disease. It had also been suggested that apparatus for the electric light treatment of lupus should be erected, but there seemed to be absolutely no place to put it in. Other methods of physical therapeutics were now much heard of, and these would find a natural home in the electrical department. But how could anything more get into the old inquest room? The cry here and through the whole Hospital was for more space—better accommodation. When Naboth's vineyard was actually in the market the sin lay in not taking it.

## A Civilian War Hospital.*

THE report of this, the first voluntary hospital attached to a British army at the front, describes in most entertaining form the work of the Portland Hospital in South Africa, dealing in order with the equipment and interior economy of such organisations, the medical and surgical work, and in a series of appendices with various details of management.

The first section deals only with the *personnel*, equipment, and interior economy of the Portland Hospital, and is contributed by Surgeon-Colonel Kilkelly, Grenadier Guards, who acted as principal medical officer of the hospital. This chapter serves as a preface and a reminder; it points out the objects which must be aimed at in fitting out a war hospital—firstly, mobility, and secondly, utility; since even for a "general hospital," such as this was, mobility is an indispensable feature. The book as a whole will be a useful guide in the future, and is interesting at the present time as illustrating how unexpected in this war was the character of the medical and surgical work.

The Portland Hospital in its complete state consisted of 130 beds for N.C.O.s and men and 30 for officers. The professional staff was entrusted with the selection of the equipment which concerned their own departments, the

* 'A Civilian War Hospital; being an Account of the Portland Hospital, and of Experience of Wounds and Sickness in South Africa,' by the Professional Staff. (London: John Murray, 1901. Price 12*s*. Pp. 343.)

surgeons and physicians being responsible for their instruments, drugs, etc., while the Hon. Secretary and Surgeon-Major in military charge purchased the bulk of the equipment.

The *personnel* was carefully chosen, mainly from the St. John's Ambulance Brigade, with two R.A.M.C. non-commissioned officers, the leading idea being to make every man useful in some other capacity as well as "orderly;" so that cooks, carpenters, farriers, fitters, and clerks were all represented and ready to make themselves useful in case of need.

The old story of bad boots crops up in this chapter, but here it was due to the men themselves, who had been largely allowed to suit their own tastes in foot-gear. It throws a light on the innumerable details which have to be considered when one reads that "mess tins of military pattern were accidentally omitted from the original list of kits, but were obtained later and found most useful."

The arrangement of "hours on duty" was something in the nature of an experiment, but proved most successful, allowing as it did for a constant interchange between day and night duty.

The vexed question of tents does not seem to be settled yet; there are two or three shapes which hold the field against all rivals, but their relative merits seem to be evenly balanced.

On the whole, the opinion seems to have been that the Tortoise Tent, measuring twenty-four feet by twenty feet, divisible for carriage into four portions, was the best suited to the conditions in South Africa. These hold eight beds easily, and will take ten without crowding. In shape they are oblong, like the "European Private" tent, or "E.P.," which are slightly smaller—twenty feet by twenty feet—and accommodate six or eight beds; they have an advantage over the "Tortoise" in being made of three layers of canvas, the middle layer being red, which keeps them cooler in tropical climates. These two patterns seem to have given much more general satisfaction than the so-called "Hospital Marquees," which are heavy, indivisible for transport, and readily wrecked by the wind.

The suggestions as regards packing of stores are valuable not only for active service, but as hints to the peaceful traveller.

In the second chapter Mr. Bowlby contributes a brief summary of the career and work of the Portland Hospital, which left England on December 13th, 1899, reaching Durban on the 30th, and continued working until the end of July, 1900. The outward voyage was enlivened by such diversions as inoculation with typhoid toxin, the results of which are dealt with at length in the report on the medical side.

The first camp was pitched at Rondebosch, where the Hospital remained during January, February, and March, and apparently it would have been difficult to start under better auspices, for the proximity of No. 3 General Hospital and the two Wynberg hospitals gave the staff exceptional opportunities of studying methods and profiting by the experience of others. During this period 477 patients were admitted, and of these only one wounded man died.

The contrast between this and previous wars is vividly brought out when one reads of a private yacht being put at the disposal of the Portland Hospital as a convalescent home.

Rondebosch was left on April 8th, and a move up country to Bloemfontein was made, and it was here that the excellent organisation was perhaps most severely tested, since for some weeks after arrival it was impossible to get medical stores sent up; however, the supply seems to have been sufficient to stand the strain even of those early days in Bloemfontein, when the condition of the hospitals was so adversely criticised by "self-constituted experts." This was the time of the Modder River epidemic of enteric fever, and the hospital was called upon to face the difficulties immediately upon its arrival; the circumstances were most unfavourable, for apart from any question of shortage of medical requisites the army had just gone through a most trying time, with long marches, short rations, great heat, and heavy rains; while to make matters worse the men's clothes and boots were worn to shreds and no tents were available. From such an army as this (elated perhaps by success, which is, however, but a poor prophylactic against typhoid and dysentery) the Hospital admitted in one day forty-two cases. Probably at Bart.'s a dozen medical cases in a day is about a record admission, but what does the overworked house physician say to forty-two, representing as it did a quarter of the total number of beds? these cases, too, not merely coming from the comparative discomfort of a slum, but drafted from one hospital to another in ox-waggons, with springs or without, over roads called so by courtesy, through spruits or watercourses; broken bones, dysentery, and enteric all in one glorious jumble!

The work of the Red Cross Society is alluded to in terms of the deepest gratitude—this Society seemed to have foreseen every possible contingency, and not only were its funds inexhaustible, but stranger still, its stores possessed the same quality; how these things are managed is not explained, one can only hazard the surmise that the Society contrives always to have the right man in the right place.

By July, 1900, the typhoid epidemic had almost completely died out; the hospital found itself with empty beds and empty tents—nothing to do but look after convalescents—and as the authorised time had already expired, the work was reluctantly wound up.

The section on the Medical Work is written by Dr. Tooth and Mr. Calverley; the bulk of it is devoted to enteric fever, but diarrhœa, dysentery, and sunstroke, with

other diseases due to exposure, are also considered at some length.

In no previous war has the health of the troops been so scientifically studied, and the observations on enteric fever form a valuable addition to the literature of the subject. The death rate was surprisingly low, being only 12·5 per cent. (232 cases were treated); in our own Hospital the death rate for 1900 was 10·75 per cent., and in 1899 14 per cent. How this result was obtained it is not easy to see; certain factors may have contributed—the physique of the men, coming, as they do, from a selected class, inoculation, and the rarity of pulmonary complications. It is possible, too, that of the severer and fatal cases a considerable percentage did not live long enough to be drafted to the hospital.

The question of inoculation is not greatly elucidated; the number of cases dealt with was but small, and for a scientific verdict on the subject a very much wider survey is necessary.

So far as it went the general impression seems to have been favourable to inoculation—the mortality among inoculated cases was 7·4 per cent. as against 14 per cent. among the uninoculated, and it is stated that the disease was milder as regards symptoms and duration after inoculation.

The course of the disease was, in the main, similar to that with which we are familiar in England; the onset, however, was at times complicated by the occurrence of sunstroke during the prodromal stage, causing not only an apparently sudden invasion, but also an unusually high temperature from the beginning. The eruption was at times very profuse, but in this connection the writer's meaning is not quite obvious, for he says, "In spite of assertions to the contrary we found the characteristic eruption in half our cases." Whether he refers to assertions made in relation to the South African epidemic, or to the disease in general, is not made very plain; surely Murchison (whose description seems to include the clinical varieties even of this campaign) places the percentage of cases with "rose spots" even higher than 50 per cent.

The value of the pulse is insisted on, and by no means unreasonably; whether at home or abroad no statement will be more readily accepted than this: "A rapid pulse always gave rise to grave apprehension, and was often a warning of complications."

The remarks on malignant cases are full of interest, and the exceptional virulence of the disease elicited the suggestion that some mixed infection, perhaps of the nature of a septicæmia, was at work.

Five cases of perforation occurred, and the conclusion arrived at was that the pulse is the surest guide in the diagnosis of this complication.

One hails with delight the remarks on the absence of liver dulness as a sign in these cases; some day this fallacy will be securely coffined up, and another nail is always welcome.

The dieting of enteric cases was a real but not an unsurmountable difficulty. Necessity compelled a more liberal dietary in the early stages than has hitherto been considered admissible; perhaps it will be possible in future to adopt bolder methods when there are evidences of sound digestive powers. For want of fresh milk, bread and milk, rice pudding, and even thin bread and butter were added to the condensed milk quite early in the disease without ill effect; but as the result possibly of the comparatively non-nutritious diet, alcohol was not tolerated as well as it is under the conditions in our London hospitals.

The discussion on treatment bears out our own experience here at home, and is mainly a vindication of methods that are already time-honoured.

"Simple continued fever" is once again shown up as several old friends and unrecognised acquaintances under various disguises.

Of diarrhœa, dysentery, sunstroke, and other diseases due to exposure there is but little new said, save that in South African dysentery there is but slight tendency to secondary involvement of the liver.

It is in the account of the Surgical Work, for which Mr. Bowlby and Mr. Cuthbert Wallace are responsible, that one finds most that is new; with new weapons new results were expected, but probably few looked for such a complete revolution in military surgery; the experience of surgeons seems to be summarised as "least done, soonest mended." With the advances in asepsis which have been made since the last European war, one might have suggested that surgical interference would have been more rather than less common, but the consensus of opinion seems to have been in favour of leaving wounds alone as far as possible. Retained bullets had their lodging respected unless their presence were very clearly prejudicial to the health of their unwilling host.

Sepsis was remarkably uncommon, but whether as the result of climate, or the first dressing with which every soldier is provided, is a debatable point.

Injuries to bones remain the least altered by the new small-bore and high velocity weapons. Despite statements to the contrary, the experience of the surgeons in the Portland Hospital was that clean perforations are rare, and splintering or fissuring the rule, causing bony lesions, perhaps the most troublesome to treat. The value of the X rays is amply testified to in the section dealing with bones, though their sphere of usefulness was by no means confined to such injuries.

Amputations were much less frequently necessary, and conservative surgery was far more the rule than in any previous war; in fact, the one criticism the surgeons passed on the hospital's equipment was that there were too many amputation knives. Perforating wounds of joints were

attended by marvellously favourable results; not only was suppuration unusual, but in many cases the movement in the joints was scarcely affected.

Passing to wounds of blood-vessels one finds, again, that theory and surmise give way before the hard facts of practice. It had been held that the risk of perforation of vessels and subsequent hæmorrhage would be greater with the new bullets. Whether the vessels were perforated or pushed aside it was in many cases difficult to say, since the patient often recovered after apparent perforation of important vessels, and left the question still unsolved. This is the chapter which reads the most romantically; if it were not for the exceptional weight of evidence it would be difficult to credit the possibility of some of the cases.

Following on this region come the injuries to head and neck, and once again extraordinary results were met with. The worst injuries to the brain seem to have accompanied "gutter fractures," owing to the laceration of the brain-substance. Symptoms, again, were more marked in injuries to the base than in those nearer the vertex.

Injuries of the spine seem, when caused by bullets, to be no less puzzling in their complexity than when brought about by more homely means.

The chapter on nerves, with illustrative cases, is one of the best in the book, though the results of some of the injuries baffle any attempt at explanation. Undue haste to operate in nerve cases is severely condemned, and the rules for exploring are excellently expressed.

Abdominal wounds are left to the last, and are treated of in a fashion which shows that at the front the interest which this class of case aroused was no less marked than in a general hospital at home. The field for discussion was immense; no two surgeons' experiences appear to have tallied. The summary of the Portland Hospital cases seems to lie in the opening words of the chapter:—"The great advances made during recent years in the surgery of the abdomen, and the increasing safety of operations on the intestine itself, seemed to promise that bullet wounds of the abdomen might well be successfully treated by laparotomy, and that intestinal suture might save many lives. It is all the more disappointing to have to record that operations on the abdomen have saved but few men, and that, with rare exceptions, intestinal suture has been unsuccessful."

The difficulty of deciding whether the bowel was perforated by a bullet whose aperture of entrance and exit appeared to settle the matter beyond doubt led the surgeons to adopt a somewhat expectant line of treatment, with the result that the inquiry, "What proportion of patients with wounded intestine recover?" remains unanswered, since experience showed that perforating abdominal wounds without definite symptoms of injury to the gut were best left to nature.

The chance of the intestine being involved seems to depend very definitely on the direction of the wound. Oblique and transverse penetrating wounds were more often fatal than those whose direction was horizontal and antero-posterior.

It is said that the figures relating to recovery from abdominal wounds are fallacious, since death very frequently follows too rapidly to allow the man to be removed to hospital at all.

Of all the viscera the spleen demands the greatest respect; recoveries are recorded after wounds of the other organs, but in the case of the spleen the termination was almost invariably unfavourable.

The prognosis in abdominal wounds is thus concisely stated:

1. Antero-posterior wounds are less dangerous than are oblique and transverse wounds.
2. Wounds above the level of the umbilicus are less dangerous than those below that level.
3. Wounds in the lumbar region are less dangerous than those nearer the centre of the abdomen.
4. Wounds in the splenic area are usually dangerous from loss of blood, and wounds of the liver are not nearly so likely to cause severe bleeding.
5. When a bullet is retained, and its direction is unknown, prognosis is valueless.

In two conditions laparotomy is strongly urged: first, when there is reason to suppose hæmorrhage is actually taking place within the peritoneal cavity, and secondly, for closure of wounded intestine—and no one will venture to disagree with such rules,—but in all other cases the greatest caution, almost amounting to hesitation, is inculcated.

The section on the abdominal region closes with an interesting and instructive case of rupture of intestine by contusion without penetration of the skin, which has been reported by Mr. Watson Cheyne.

Miscellaneous cases, peculiar neither to active service nor South Africa, are relegated to the last chapter, and here the method given of treating malingerers is as practical as it is simple:—"We did not think it worth while sending a suspected case back to the front, and considered that the better course was to recommend such cases for duties at the base, where medical aid would be at hand if more definite symptoms occurred."

The summary of cases treated was as follows: 1009 officers and men admitted; of these 37 died, 159 returned to duty, 303 were discharged to convalescent camps or hospitals, 98 went to England, and 412 were transferred to other hospitals at the base. Of surgical cases 303 were admitted, with 3 deaths.

For the book as a whole there can be little but praise. It is written, of course, mainly for medical readers, and to them the style will certainly prove most attractive; the facts observed are set down in readable fashion; figures and statistics are present, but they are not obtruded; there is no eagerness to display a phenomenal record of cases, nor to take credit for extraordinary results.

If we had to sum up the surgical lessons, as taught by

the experience of the Portland Hospital, we should say that asepsis has obviated the necessity for operating rather than improved its results.

The volume is excellently got up, and the illustrations, which are almost without exception from photographs or skiagrams, are worthy of the highest commendation. There are two pictures of Sanna's Post which are conspicuous for their merit.

The value of the book lies to no small extent in the fact that the observations were made by the authors with accurate and scientific discrimination; they went to the war without theories to prove, and have given to the public useful information to assimilate and an entertaining story to read, rather than any bolstered-up theories to controvert.

## Some Cases of Polydactylism and Syndactylism occurring in one Family.

By S. B. ATKINSON, M.A., LL.B.

SUPERNUMERARY and webbed fingers are not very uncommon. Among classical cases are the following:—Goliath's youngest brother had six digits on each extremity (2 Sam. xxi, 20). Pliny mentions two sisters who were hexadactyl. The "Anne Boleyn sleeve" is a fashion set by that queen, who on her right hand had a supernumerary little finger. T. Bartholine relates a case with six, seven, nine, eight digits on the right and left hand and foot respectively. Saviard quotes a case with ten digits on each extremity. Forster's case had nine; Voigt's cases thirteen and twelve; Annandale's case six fingers and two thumbs on each hand. Colburn the calculator was a member of a family which is of interest from the fact that his grandmother was polydactyl, and her deformity was still represented in four out of the eight descendants of the fourth generation.

The following family history was traced relative to a Martha-baby:

W. S. D—, æt. 50, has a web extending for half an inch up the second interdigital cleft of each hand, this being the common situation. He knows of no ancestors, collaterals, nor descendants of such who are abnormal. He has had eleven children, of whom six were malformed as follows:

W. F. D—, æt. 28. All the five usual digits of each hand are webbed *usque ad ungues*. Projecting from the middle of the ulnar side of the proximal phalanx of each little finger is a rudimentary digit incapable of motion and attached by a cutaneous pedicle; it carries a nail, and has within it apparently a central mass of cartilage. The palmar surface of the hands present a continuous sheet of skin, with no cleft between the digits; deep transverse grooves correspond with the phalangeal joints. The feet have each six digits; the outer four on each foot are webbed; the innermost of the five metatarsal carries two free "halluces," which are larger on the right side.

He states that his mother when seven or eight months gravid with him unwittingly picked up a tortoise, this act giving her a great fright!

W. F. D—, jun., born in Martha ward, 13th June, 1901, presents the following peculiarities:—Right hand: hexadactyl, third and fourth digits webbed; a supernumerary little finger is present. Left hand: hexadactyl, second, third, and fourth webbed; the thumb is a wide mass with a double nail; the extra little finger is present. A photograph was taken; the skiagram was not satisfactory. The feet were bilaterally symmetrical, six toed, the inner three webbed. A skiagram showed five metatarsal.

E. D—, æt. 26, and her three children are quite normal.

F. D— (died æt. 3 months) resembled her brother, W. F. D—, sen.

A. D—, æt. 23, has been operated upon. Is said to have had broad thumbs and supernumerary little digits, but no webbing. She was in Faith ward in March, 1901, when a skiagram showed she had five metatarsals for her six toes on each foot.

T. D— (died in Darker ward, November, 1899, æt. 20). Twenty-four digits; no webbing.

J. D—, 19, A. D—, 14, males; and S. D—, 17, R. D—, 12, females, normal.

C. D—, æt. 10, hexadactyl, with extra little fingers. He is not webbed.

R. D—, æt. 6, similar to C. D—, but with some webbing.

# A Case of Rapidly Growing Tumour of the Orbit.

By L. EDGAR WHITAKER, M.R.C.S., L.R.C.P.

THE following case is, I think, an interesting one, as showing the very rapid rate of growth of a tumour in the orbit, presumably sarcoma, in a child.

S. R—, æt. 4 years 5 months, male. In March last, five months ago, the mother first noticed that the child's right eye was slightly more prominent than the other, but thought that it was due to the strain of whooping-cough, from which he was then suffering. The whooping-cough got well, but the prominence of the eye became steadily worse, and on the 15th June she brought the child up to the Hospital, where he was placed under an anæsthetic and the orbit examined. There was at this time a very slight prominence of the right temporal region, but nothing definite could

be felt in the orbit, and it was thought to be a case of post-orbital hæmorrhage.

Since that time the mother has taken the child to several other hospitals, including Moorfields, Southwark Eye, Central Eye, and the London Hospital. In the latter institution he was an in-patient nine days, but at no place was an operation advised. She now on 7th August brings him back with enormously increased proptosis of the right eye and an excessive amount in the left eye, together with great lateral enlargement of both temporal regions. His condition is as follows:

*Present condition.*—Sallow anæmic-looking child; muscles not greatly wasted, but generally poorly covered; chest poorly covered, but breath- and heart-sounds are natural; there are no enlarged glands to be felt anywhere; urine natural.

*Present health.*—Good health until whooping-cough five months ago. About one year ago "passed blood in his water," which soon passed off.

*Family history.*—Father and mother and two sisters alive and well.

*Locally.*—The temporal regions of both sides are enormously enlarged laterally, that of the right side being slightly greater than the left. There is marked proptosis of both eyes, but that of the right eye far the greatest in amount.

*Right eye.*—The upper eyelid is of a purple-red colour, with distended veins passing over it. The lower eyelid shows marked ectropion, with a mass of red œdematous conjunctiva bulging forward above it, in the centre of which is a large superficial ulcer, while from the whole surface exudes a yellow muco-purulent discharge. When closed the upper eyelid does not meet the lower one. Rest of conjunctiva injected. Cornea:—At lower margin is a large circular ulcer directly continuous with the loss of surface on the lower coujunctiva. Anterior chamber and iris natural. Pupil reacts well to reflexes. Fundus natural; no difference in refraction or detachment pointing to an invasion of growth is seen anywhere; tension normal. All round the eyeball a slightly soft nodular mass can be felt, most plainly at outer canthus. The bony outer edge of orbit can be made out, and the skin over the swelling in temporal region is freely moveable.

*Left eye.*—The proptosis is excessive, but not so marked as in the right eye; there is no chemosis or ectropion, and the lids can be closed. A similar but slightly smaller mass can be felt round the eyeball. Fundus natural and tension normal.

*Movements.*—Those of right eye less free than those of left, especially externally, but there is no definite strabismus in either eye. Both eyes are in a state of involuntary movement.

*Vision* difficult to estimate, but he seems to see well with both eyes, recognising people at the other end of the ward.

The interest of the case lies in the fact that seven weeks ago, when first seen, there was only moderate proptosis of one eye and a slight prominence of the temporal region of that side, but in that short time both eyes have become enormously proptosed, and both temporal regions greatly swelled out by some very rapidly growing tumour.

The diagnosis made at the first examination, of post-orbital hæmorrhage, was suggested by the fact that there was then in the Ophthalmic ward a case of a boy of similar age with a similar amount of proptosis of the right eye, and which was known to be due to a hæmorrhage both from the history and from the fact that it had been under observation for a very long time.

The tension of both eyes in this case is natural, tending to show, with the vision and the opthalmoscopic examination, that there is no direct invasion by growth of either eyeball at present. Such a tumour is rare, but the literature would seem to show that

direct entrance of a post-orbital growth into the eyeball is not common except in the very late stages, it rather tending to extend backwards and outwards towards the temporal region. The most rapidly growing tumours of the orbit are small-celled and melanotic sarcomata. There is no evidence to show that this is of the melanotic type, so that the diagnosis must remain with small-celled sarcomata, starting either from the fatty tissue at back of orbit or from the periosteum in that region.

It was impossible to keep the child under observation, as the mother took him away without even allowing an examination under an anæsthetic.

I am very much indebted to Mr. Holmes Spicer for permission to publish the case, and I have to thank Mr. P. G. Harvey for the photographs which so excellently illustrate it.

## A Case of Tinea Versicolor affecting only the Lower Extremities.

By ELDON PRATT, M.D.Lond.

TINEA VERSICOLOR is so comparatively common a disease that a case of it hardly warrants publication, except for the fact that all text-books and teachers say that it never occurs on the limbs except when it is also to be found extensively on the body. The following case must therefore prove an exception.

A student, aged twenty-one, consulted me last June for a patchy eruption affecting both lower limbs. He had first noticed it about Christmas, 1900, as a single patch the size of a penny on the right calf. This patch, at first thought to be a bruise, began to spread, and other spots appeared on both limbs. The spots were yellowish at first, getting a deeper brown with time. Patient had no discomfort beyond slight itching, and was subject to perspire freely.

When I first saw him I very carefully examined the whole of the body, but there was not a trace of the disease beyond the lower limbs, and then chiefly the legs, the thighs having only a few spots. The spots varied considerably in size, from that of a split-pea to a crown-piece; over the outer surface of the right calf, and evidently where the disease had first started, was a large patch the size of one's palm, the centre of which was inflamed with superficial but slight scaliness, the periphery being of the usual brownish colour. The patient was wearing no pants.

The diagnosis was easily confirmed on seeing the *microsporon furfur* under the microscope. Further, the disease readily gave way to treatment with a lotion of hyposulphite of soda, following the usual preliminary routine of hot water and soft soap, and the necessary attention to change of garments.

## Clinical Puzzles.

By JAMES L. MAXWELL, M.D.

AMONG the many things that one misses out here, not the least is the opportunity of an occasional visit to the old hospital, where with the help of one's old teachers one may solve the puzzles that occasionally of necessity come across the path of us at least who are younger.

Here, with a hospital of 100 to 150 in-patients, not to mention a considerable out-patient practice, it is hardly surprising that puzzling cases every now and then occur. I am therefore recording the following two cases, not so much on their own account, though I venture to think they are quite sufficiently interesting to warrant that, but in the sincere hope that someone with a better knowledge of the subjects than I possess will do me the kindness of clearing up the cases, or at least suggesting the proper explanations for them.

A—, a Chinawoman, æt. 23, was delivered of a male child at full term on June 15th, early morning. Patient was attended by a qualified English midwife, well versed and very careful in the necessary antiseptic precautions. The woman was a primipara, healthy in appearance, but was stated to have suffered occasionally throughout her pregnancy from attacks of gastric pain, attributed to round-worms, a few of which she had passed. At the time of her confinement she was suffering from slight pyrexia—very common here where malaria is ubiquitous. Assuming this to be the cause of her fever quinine was given, which however had not the desired effect of lowering the temperature. The actual obstetric part of the case may be dismissed in a few words; the confinement appeared in every way perfectly normal, fairly easy, no instruments being used, hæmorrhage very slight, and for the few days that she lived after her confinement everything from the purely obstetrical point of view appearing all that could be wished. I saw the case for the first time on the second day, June 17th, and the condition then was as follows: Healthy looking young woman suffering from slight pyrexia, complaining of slight uneasiness in the lower part of the chest, but principally of a tight feeling about her tongue, which she stated she was unable to protrude; this, however, was easily proved to be by no means altogether true, as she could protrude it at least fairly well. Chest and abdomen appeared perfectly healthy on examination, except for the remarkable rapidity of the pulse—130 to 140, and not quite regular; respirations were 30 to the minute; patient was also suffering from retention of urine, a point a little surprising after so easy a labour. I gave her a medicine the principal constituent of which was tinct. digitalis in ɱx doses, four times a day. She also continued the quinine she was taking. Swallowing, I may say, was quite easy. The next day, June 18th, I am sorry to say I did not see her; I had a message in the morning to say that she was much better, and though not so well in the evening, she was not sufficiently bad for me to be sent for. As she still complained of the uneasiness in the stomach region, and had the previous history of worms, she had a dose of santonine given her, which acted fairly well, bringing away several round-worms. This was the first occasion of her bowels being opened, and the motion was passed under her. At 5 a.m. the following morning, June 19th, I was sent for, as she was said to be dying. Her condition on my arrival was as follows:—Extremities quite cold and pulseless, heart impulse very difficult to feel, very rapid and quite uncountable, breathing very rapid and laboured, but *no* cyanosis; in fact, the facies did not at all resemble that of a dying person. Very marked tetany; spasms commenced with the unfolding of the thumb, then of the fingers, followed in fairly quick succession by flexion of the hand on the forearm, then of the forearm on the arm, and then adduction of the arm across the chest. Both arms appeared to be equally affected, and the spasms lasted a little over a minute, being followed by complete relaxation. Once or twice I thought the corners of the mouth were drawn down with the spasm, and the eyes were always rolled up, but there was never any squint or deviation of the eyes. The feet being Chinese crushed feet were not visible, and could hardly in any case have been affected, as but little muscular tissue can be left in these deformed members. But the most marked thing of all was complete paralysis of the diaphragm, the breathing being altogether costal. The lungs on examination revealed nothing abnormal, nor did the heart as far as it could be examined at the rate at which it was beating. Knee-jerks appeared to be absent; urine was still retained, and fæces passed under the patient. Mental condition perfectly clear, and some pain was experienced with the spasms. The feeling of tightness of the tongue was still there, but there was no difficulty in swallowing. Brandy was easily swallowed, but neither that nor a hypodermic of strychnine seemed to quieten the heart's action at all, and the patient died shortly after I saw her. I would like to make it quite clear that there were never any general spasms; there was never any opisthotonos, and the relaxation beween the spasms was complete. The only other note I would like to add is that I cannot help regarding the great rapidity of the pulse, when there were almost no other symptoms, as a commencing paralysis of the vagus, and this is still more borne out by the condition of the heart at the close of the illness, when even with complete paralysis of the diaphragm there was really no cyanosis, death being purely from heart failure.

My second case certainly is less complicated.

X—, a Chinawoman æt. 22, married, was brought to the hospital one day with the history that two nights previously she had suddenly become blind. Her own story was that she went to bed able to see all right, and woke up in the morning blind. She appeared a healthy girl, though naturally very much depressed by the circumstances under which she was placed. The only history I could get was that she had suffered rather recently from "fever," and had been dosed heavily with native drugs by a native practitioner. On physical examination there were but two things to be noted:—One was that her pupils were not of the ordinary size of a blind person's pupils, but were widely dilated, but did not react to light at all. The other point, which with so widely dilated pupils could be noticed without an ophthalmoscope, was the striking palor of the retina. On ophthalmoscopic examination the vessels appeared contracted to mere threads, and the fundus was so white as hardly to

differ in colour from the disc. The girl, moreover, was so completely blind that she could not tell light from darkness. As there appeared to be no indication how such a case should be treated, she was put on a tonic, and the eyes left untreated except for a blister to the temples as a placebo (patients here are, if possible, even more urgent than at home for active treatment, and I did not want to lose sight of the girl). Under this negative treatment she was restored to health, her sight improving daily, and a month after her admission, when I again examined her eyes, I could detect nothing amiss. I may say that the first sign of improvement was accompanied by the regaining by the pupils of the natural size, and of their reaction. On looking up the books I see that quinine is credited with some such symptoms as I have narrated, when used for a long time in excessive doses. Now there is no question in my mind as regards this case that the girl had not been taking quinine, if for no other reason than that the drug is a very expensive luxury among the Chinese. I have tried in vain to find out what drugs they had given the girl, and failed altogether, partly on account of ignorance of the native names for plants, and partly from reluctance on the part of the people to say. There is, however, growing wild here in great profusion, and much used by the natives as medicine, the Datura stramonium plant, and the idea struck me that that might have been the drug. Whether or not that could have produced the symptoms I have described I am unable to discover.

## Notes.

DR. FLETCHER has been appointed Medical Registrar and Demonstrator of Morbid Anatomy *vice* Dr. Calvert, who has resigned.

* * *

DR. THURSFIELD has been appointed Assistant Curator of the Museum.

* * *

DR. LANGDON BROWN has been appointed Examiner in Physiology to the Cambridge Local Examinations.

* * *

A. E. LISTER was placed first in the Entrance Examination for the Indian Medical Service.

* * *

THE Corporation of London has decided to invite all Medical Practitioners in the City to voluntarily notify to the Medical Officer of Health, at the Guildhall, any cases of phthisis occurring within the City of London, with the object of limiting the danger of infection by means of disinfection of rooms, etc.

The ordinary procedure in such cases will be that on receipt of a notification the house will be visited, disinfection will be offered, and a leaflet (prepared by the Medical Officer of Health) giving simple advice left with the friends.

The fee for notification will be the same as in the case of the other infectious diseases.

This is a step in the right direction, as it provides an opportunity of testing the scheme on a small area; but it is surprising to find how few cases are affected by the regulation; no one seems to live within the City boundaries when they come to the surgery in the mornings.

* * *

THE Anniversary Dinner of the Hospital was held in the Great Hall, on Wednesday, July 31st, the Treasurer, Sir Trevor Lawrence, being in the Chair. This function, which perhaps is better known as the "Buck Feast," is one of those institutions which serve to remind us, from time to time, of the great past of the Hospital, which has made the present possible.

* * *

THE Treasurer, in his speech, announced that a Bust of Her late Majesty Queen Victoria had been promised for the staircase of the Great Hall. He also referred to the debt which the Hospital owed to the King for all he had done during his long term as President of the Hospital, and reminded those present that the health of "The King" had never before been drunk in the present Hall.

* * *

FOR two and a half centuries at least this dinner had been held, and its origin was lost in obscurity; but from the old menus it was obvious that our forefathers had understood the art of dining well, though their tastes were directed to courses that more degenerate digestions might shrink from.

* * *

HE paid a high tribute to Mr. Cross, the Clerk of the Hospital, who having reached a limit of years when under other circumstances his resignation might have been considered, had been asked to continue in office at least until the critical process of extending the Hospital buildings had been satisfactorily concluded.

* * *

SIR TREVOR LAWRENCE also imparted the welcome news that the difficulty of acquiring part of the Christ's Hospital land had been arranged successfully with the aid of a Bill in Parliament, though some time must elapse before the actual terms of agreement could be settled by arbitration.

* * *

THE Hospital is now anxiously looking for a millionaire to buy the whole site of Christ's Hospital and present it to Bart.'s for the benefit of London's poor; in these days of open-handed charity such an idea, ensuring, as it would do, undying fame, should not be beyond the bounds of possibility.

* * *

A CHARITY that can for nearly eight centuries carry on its work with as little departure from the founder's scheme as this has done would not prove unworthy of some such trust being confided to it.

* * *

As one looks down the lists in the Great Hall one sees that the men who made the City of London had a practical method of showing their confidence in the City's Hospital. On whose shoulders has their mantle fallen?

* * *

STRANGE are the uses of adversity. The publicity given to an unfortunate result from a well-known mode of treating aneurysm has given the treatment in question such a boom in the lay press as no record of successful cases could have evoked.

* * *

IT is to be hoped that the House Surgeon did not turn a deaf ear to the following eloquent appeal:—"Mr. Doctor,—Are you the kindness and genorosity to make mi the operation. I want bicause make mi have much pain I upun to you. Your devoted friend T. P."

* * *

A REMARKABLE case is reported from Lourdes, so wonderful, indeed, was it that a passing word may not be amiss even in this JOURNAL. Twenty months ago a man was so badly crushed in a railway accident at Angoulême that he became completely paraplegic. Such a result of a spinal injury is by no means outside the limits of possibility, nor can the jury which awarded the poor sufferer £2400 damages in hard cash and an annuity of £240 be blamed for the practical form their sympathy took; but the sequel at Lourdes suggests that the man's brain had escaped the shock which shattered his "spinal marrow," for a few weeks after the lawsuit was settled he made the pilgrimage to the sacred grotto and was incontinently cured. Thus was the cruel tongue of suspicion silenced, and the patient freed from the dilemma of remaining paraplegic or branding himself a "Traumatic Neurosis."

La Bruyère was not far wrong when he said, "Out of difficulties grow miracles."

* * *

A DUEL has lately taken place between the son of a celebrated novelist and a well-known journalist of Paris, in which it is reported that in the course of the encounter the tip of the sword of one of the combatants was observed to touch the ground. The duel was immediately interrupted, and under medical supervision the weapon was carefully and scientifically disinfected. It is gratifying to hear that in consequence of the extreme precautions observed a wound inflicted on one of the parties to the duel is proceeding satisfactorily.

No mention was made in the reports of the skin of the combatants having been prepared, but we imagine so obvious a precaution would scarcely be omitted. Duelling is shorn of its remaining terrors if a nice warm preparatory dressing can be donned before the fray.

* * *

A CORRESPONDENT writing from Staffordshire has sent the following example of local superstition which he has met with recently. They have probably seen many new centuries dawn, and evidently do not intend to hide their heads even before the early radiance of the twentieth.

*Clock "running down."*

In 1894 Mrs. S—, of D—, a village two miles from here, was very ill, and on going to see her one morning I found herself and her daughter quite prepared for, and resigned to, her immediate dissolution—the old clock had "run down" in the night (*i. e.* the striking weight of the old "grandfather"). Much to her surprise, and to a certain extent her disappointment, she recovered, and consequently lost faith in her old clock, "which had never told a lie before." She later told me the following story, which I will try to give more or less in her own words:—"That old clock has only run down four times before—once when my grandmother died, once for my father, once for my mother, but the strangest of all was one morning, when I was working in the kitchen, it run down. Well, I knew it was not for me—I was all right; I went to our Liz in the garden—she was all right; so I knew it must be for my old man, who was gardener to the late Lord F— then. I went and fetched him home, although he said he was all right, put him to bed, gave him some gruel, and sent for Dr. F—. Dr. F— came and said there was nothing the matter with him; so I sent for Dr. H—, and he said there was nothing wrong; so then I sent for Dr. T—, who also came and said he was quite well, but I knew he wasn't; so I kept him in bed and fed him on gruel, and, d'you know, in three months' time he was dead. All the doctors said there was nothing wrong with him, but I knew the old clock was right."

* * *

EGYPT seems at present to be the Land of Promise. The first Egyptian Medical Congress is to be held at Cairo in December, 1902.

## Amalgamated Clubs.

### CRICKET CLUB.

ST. BART.'S *v.* R.I.E.C.

Played at Cooper's Hill, and resulted in a win for the home side.

SCORES.

| ST. BART.'S. | | R.I.E.C. | |
|---|---|---|---|
| C. F. Nicholas, b Ling | 6 | C. E. Scovell, b Scoones | 54 |
| H. E. Scoones, ct De Smidt, b Carr | 42 | P. Barry, b Greaves | 26 |
| W. S. Nealor, b Scovell | 24 | E. A. Hopkins, b Nicholas | 3 |
| H. S. Greaves, ct Carr, b Scovell | 8 | T. B. S. Thubron, ct Phillips, b Nicholas | 12 |
| C. A. Anderson, ct Thubron, b Carr | 11 | L. P. De Smidt, b Nicholas | 3 |
| G. G. Ellett, b Carr | 0 | T. Carr, b Elliott | 1 |
| T. M. Body, b Shore | 0 | C. E. Colbeck, st Anderson, b Corbin | 47 |
| J. Corbin, ct Colbeck, b Shore | 4 | P. T. Dormett, ct Elliott, b Body | 23 |
| L. L. Phillips, l-b-w, b Carr | 0 | H. C. Agnew, ct Nealor, b Scoones | 20 |
| W. H. Hamilton, b Shore | 2 | C. G. Ling, l-b-w, b Scoones | 10 |
| C. Elliott, not out | 4 | H. A. Shore, b Corbin | 0 |
| H. S. Wilson, b Shore | 0 | H. J. Hope, not out | 4 |
| Extras | 13 | Extras | 15 |
| Total | 114 | Total | 218 |

BOWLING ANALYSIS.

| | Overs. | Maidens. | Runs. | Wickets. |
|---|---|---|---|---|
| Greaves | 19 | 1 | 59 | 1 |
| Anderson | 6 | 0 | 18 | 0 |
| Corbin | 7 | 0 | 45 | 2 |
| Nicholas | 7 | 3 | 17 | 3 |
| Elliott | 7 | 2 | 10 | 1 |
| Scoones | 12 | 1 | 31 | 3 |
| Body | 5 | 0 | 23 | 1 |

ST. BART.'S *v.* SURBITON.

Played at Surbiton, and resulted in a draw in favour of the Hospital. H. S. Greaves was very unlucky not to get his hundred after scoring 99 by good cricket.

SCORES.

| ST. BART.'S. | | SURBITON. | |
|---|---|---|---|
| C. N. H. Howell, ct Scarf, b Finlason | 25 | Finlason, ct Nicholas, b Howell | 21 |
| C. A. Anderson, b Francis | 16 | Francis, run out | 0 |
| W. S. Nealor, b Finlason | 4 | Davenport, b Greaves | 6 |
| H. S. Greaves, ct Finlason, b Brann | 99 | G. Brann, ct and b Nicholas | 47 |
| C. F. Nicholas, st Hickson, b Finlason | 52 | Castle, ct Nealor, b Elliott | 23 |
| G. G. Ellett, st Hickson, b Finlason | 6 | Hickson, b Nicholas | 0 |
| L. Orton, ct and b Brann | 1 | Scarf, not out | 20 |
| T. M. Body, run out | 25 | T. Castle, b Elliott | 4 |
| C. Elliott, b Brann | 3 | Howell, not out | 17 |
| W. H. Hamilton, not out | 12 | Clayton did not bat. | |
| B. Hudson, b Finlason | 12 | Baron von Ernsthausen did not bat. | |
| Extras | 6 | Extras | 22 |
| Total | 261 | Total (7 wickets) | 160 |

BOWLING ANALYSIS.

| | Overs. | Maidens. | Runs. | Wickets. |
|---|---|---|---|---|
| Howell | 12 | 7 | 27 | 1 |
| Greaves | 12 | 5 | 32 | 1 |
| Nicholas | 9 | 1 | 26 | 2 |
| Elliott | 9 | 3 | 26 | 2 |
| Anderson | 3 | 1 | 4 | 0 |

JUNIOR STAFF XI *v.* HOSPITAL EMPLOYÉS C.C.

Played at Winchmore Hill on Saturday, July 20th, resulting in a win for the Junior Staff by 135 runs.

SCORES.

| JUNIOR STAFF. | | HOSPITAL EMPLOYÉS C.C. | |
|---|---|---|---|
| H. S. Ward, retired | 38 | W. Stowe, l-b-w, b Ridout | 10 |
| J. A. Willett, b Tuttom | 19 | W. S. Herbert, l-b-w, b Ridout | 2 |
| A. T. Pridham, l-b-w, b Stowe | 8 | Johnson, b Hawes | 13 |
| S. Hey, b Stowe | 76 | Denton, c and b Hawes | 7 |
| L. E. Whitaker, b Herbert | 5 | H. Stuchbury, l-b-w, b Hawes | 8 |
| C. A. S. Ridout, not out | 8 | W. Tuttom, b Hawes | 1 |
| C. S. Hawes, not out | 23 | W. Spalding, c Hey, b Ridout | 7 |
| A. H. Hayes, W. P. S. Bransom, A. H. Bostock, H. B. Gibbins, did not bat. | | W. Wilson, b Whitaker | 0 |
| Innings declared closed. | | Day, c and b Ward | 10 |
| Extras | 21 | Hearn, b Whitaker | 0 |
| | | Miller, not out | 0 |
| | | Extras | 5 |
| Total | 198 | Total | 63 |

HOSPITAL EMPLOYÉS C.C. *v.* MR. ANDERSON'S XI.

Played at Winchmore Hill on Saturday, August 24th, resulting in a win for Mr. Anderson's team by 108 runs.

SCORES.

| HOSPITAL EMPLOYÉS. | | MR. ANDERSON'S XI. | |
|---|---|---|---|
| Muirhead, b Body | 11 | S. Hey, c Fitchie, b Herbert | 34 |
| Roberts, b Body | 18 | H. S. Ward, c and b Herbert | 9 |
| H. Stuchbury, c Pollock, b Anderson | 30 | A. H. Bostock, c Roberts, b Herbert | 10 |
| Herbert, b Body | 0 | H. E. Boyle, b Herbert | 22 |
| Fitchie, c Ward, b Body | 8 | H. G. Pinker, c Wilson, b Herbert | 8 |
| Evans, b Body | 19 | W. E. Lee, not out | 62 |
| J. Stuchbury, not out | 16 | T. M. Body, c Deane, b Fitchie | 34 |
| Deane, l-b-w, b Anderson | 0 | C. A. Anderson, st Martin, b Stuchbury | 0 |
| Day, c and b Anderson | 1 | A. H. Pollock, c Muirhead, b Stuchbury | 10 |
| Wilson, b Anderson | 0 | L. R. Tosswill, st Martin, b Muirhead | 26 |
| Martin, b Anderson | 0 | A. R. Neligan did not bat. | |
| Gabbons, st Bostock, b Lee | 0 | N. A. Connolly did not bat. | |
| Extras | 9 | Extras | 14 |
| Total | 112 | Total | 220 |

BATTING AVERAGES.

| | No. of innings. | Not out. | Total runs. | Highest score. | Average. |
|---|---|---|---|---|---|
| H. N. Burroughes | 13 | 2 | 405 | 113 | 36·7 |
| W. E. Honiball | 11 | 1 | 306 | 67 | 30·6 |
| C. A. Anderson | 18 | 3 | 449 | 79 | 29·9 |
| W. S. Nealor | 19 | 0 | 421 | 174 | 28·3 |
| L. Orton | 12 | 3 | 192 | 52 | 20·1 |
| C. M. H. Howell | 13 | 0 | 259 | 84 | 19·9 |
| C. F. Nicholas | 20 | 2 | 288 | 52 | 16 |
| L. L. Phillips | 8 | 1 | 104 | 29 | 14·8 |
| G. F. Page | 16 | 6 | 126 | 33 | 12·6 |
| L. V. Thurston | 6 | 0 | 62 | 47 | 10·2 |
| H. T. Wilson | 6 | 1 | 48 | 22 | 9·6 |
| H. E. Stanger-Leathes | 9 | 1 | 77 | 29 | 9·6 |
| B. Hudson | 4 | 0 | 37 | 12 | 9·2 |
| G. G. Ellett | 9 | 0 | 79 | 31 | 8·7 |
| G. H. Adam | 14 | 3 | 92 | 17 | 8·3 |
| C. Elliott | 5 | 1 | 26 | 9 | 6·5 |

BOWLING AVERAGES.

| | Overs. | Maidens. | Runs. | Wickets. | Av'ges. |
|---|---|---|---|---|---|
| C. A. Anderson | 59 | 5 | 224 | 15 | 14·9 |
| W. S. Nealor | 29 | 1 | 148 | 9 | 16·2 |
| G. H. Adam | 184 | 27 | 676 | 35 | 19·3 |
| C. F. Nicholas | 51 | 12 | 195 | 10 | 19·5 |
| H. E. Stanger-Leathes | 200·6 | 33 | 660 | 32 | 20·6 |
| H. N. Burroughes | 23 | 3 | 86 | 4 | 21·5 |
| C. M. H. Howell | 85 | 13 | 332 | 14 | 23 |
| W. E. Honiball | 110 | 13 | 390 | 17 | 23·9 |
| G. F. Page | 119·5 | 16 | 470 | 18 | 26·1 |

Also bowled:

| | | | | | |
|---|---|---|---|---|---|
| B. Hudson | 1 | 0 | 2 | 1 | 2 |
| L. L. Phillips | 3 | 2 | 21 | 2 | 10·1 |
| C. Elliott | 30 | 7 | 79 | 3 | 26·3 |

# Reviews.

TEXT-BOOK OF MEDICINE. Edited by GEO. ALEX. GIBSON, M.D., etc. Two Volumes, pp. 824 and 910, with 122 Illustrations. 25*s.* net. Young J. Pentland.

This text-book is the work of some forty contributors, liberally chosen, though, as might be expected from the professional location of the editor, preference is given to Scotch physicians. The St.

Bartholomew's School is represented by Sir Lauder Brunton and the late Dr. Kanthack, concerning whose lamented death a note is inserted in the preface. Dr. Kanthack was engaged upon his article dealing with the general pathology of disease at the time of his death, and it is being completed by Professor Sims Woodhead. The article is a masterly exposition of Kanthack's latest views upon the matters dealt with, and should be read by all who are in touch with the subject so beloved of our late lecturer on pathology.

There are many articles which call for special commendation. We may mention particularly Dr. Sidney Martin's chapters on Diseases of the Stomach, Dr. Oliver's on Diseases caused by Chemical Substances, Professor Stockman's upon Diseases of the Blood, and Dr. Mott's upon Diseases of the Brain. All these sections are necessarily concise, but we look in vain for the omission of any important points, and it must be remembered that the work is a "text-book," not a "system."

Dr. Jamieson contributes some 120 pages upon skin diseases, a subject which we consider should never be omitted from a text-book of medicine. The desirability of skin diseases being taught by a specialist at our large hospitals by no means renders their exclusion from medical text-books a wise measure. Dr. Jamieson's name is a sufficient guarantee for the usefulness of this particular article.

We can confidently recommend the book to our readers as a reliable text-book, in which the subject-matter is kept within the bounds of assured facts, and therefore within the limits of ordinary reading.

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A MANUAL OF SURGICAL TREATMENT. By W. WATSON CHEYNE, F.R.S., and F. F. BURGHARD, F.R.C.S. In six parts. Part V, including the Intrinsic Diseases of the Nose, Ear, and Larynx, by H. LAMBERT LACK, F.R.C.S. Price 18s.

This volume is fully up to the high standard of those which preceded it, and we can here only indicate the best of the various articles it contains and the most important of the omissions.

The last part of the book is given up to the consideration of the treatment of the diseases of the ear, nose, and larynx, and these special diseases are discussed by a surgeon who devotes himself to this branch of surgery. This is as it should be, and as a result the subjects are thoroughly well dealt with, and the methods of treatment clearly and authoritatively stated.

We think that by far the weakest part of the whole volume is the portion concerned with the plastic surgery of the face and the treatment of trigeminal neuralgia. The various plastic operations devised for the cure of microstoma, restoration of the lip, and similar deformities, are hardly ever done, and the majority of those who read the account of them will probably never even see a case which calls for their performance.

Then, again, in the chapter on the treatment of neuralgia there is no obvious need to quote *verbatim* from the authors the accounts of the operations which have been done.

If the method of Professor Rose is so important as to require four closely printed pages for its elucidation, it would be quite as well to see that the text is reasonably illustrated, and not to inflict the diagram on p. 134 on the reader. There is nothing more uninteresting than to read these tedious descriptions of long operations even when the text is well illustrated, and only a stern sense of duty carried us through the chapter we have referred to.

In marked contrast the treatment of harelip and cleft palate is well described and clearly illustrated.

We must confess to a little disappointment on reading the chapters dealing with fractures of the skull. The theories as to the exact method of causation of fractured base are very imperfectly stated, and scarcely anything is said about its diagnosis. It is also quite incorrect to describe the escape of cerebro-spinal fluid from the nose as a common symptom of fracture of the anterior fossa, and we are sure that the hopeful prognosis in most cases of Jacksonian epilepsy treated by trephining is not justified by experience.

The chapters on the tumours of the jaws are well worth reading. No unnecessary operations are described, and the descriptions are very clear, while the articles dealing respectively with cut throat and tracheotomy are the best in the book.

In considering the treatment of cancer of the larynx we notice that in some cases complete laryngectomy is recommended, together with removal of glands from both anterior triangles. It is stated that the mortality is slight and the functional result good.

If this statement is correct we can only wonder that the operation has been abandoned in late years by many well-known surgeons.

Coming now to the latter part of the book, dealing with the intrinsic diseases of the nose, ear, and larynx, we can safely say that it furnishes the best account of their treatment hitherto published in a book on general surgery.

The account of laryngeal paralysis is, however, very incomplete, no mention whatever being made of unilateral paralysis. The early recognition of this condition is so important that no doubt this omission is accidental.

In conclusion, the book is admirably bound and printed, and, with a few exceptions, well illustrated.

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A MANUAL OF MEDICINE, edited by W. H. ALLCHIN, M.D., etc. (Vol. III, Diseases of the Nervous System, pp. 417, price 7*s.* 6*d.* net. Messrs. Macmillan.)

We have already had occasion to congratulate Dr. Allchin upon the first and second volumes of this manual. The third is no disappointment. It has the advantage of being a small text-book of nervous diseases in itself, and may be purchased in this light; in this way it supplies a long-felt want. The large work of Gowers' is too compendious for most students. There *are* smaller text-books, we know, but as yet none which it gives a teacher any other feeling than one of pity to recommend.

Here, the great desideratum for the student—a full and lucid introduction to nervous diseases, written on general anatomical and physiological grounds—is provided by Professor Sherrington and Dr. W. Aldren Turner, and is well illustrated by useful diagrams. A careful perusal of this section will render the description of the actual diseases which follow much more easily understood. Until the student realises that the few scattered remnants of his former (it may be) dubious knowledge of the anatomy and functions of the brain and spinal cord are totally insufficient as a basis for his reading in this branch of medicine, he will never cease to find—as one so often hears it said he finds—nervous diseases the *pons asinorum* of his curriculum. As a means of overcoming this difficulty we recommend the book before us as likely to be of great service.

There are twenty-seven diagrams and six coloured plates in the text. This is better, but we shall still have a welcome for the text-book which, in this particular branch, multiplies each of these by two or three.

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LESSONS ON MASSAGE. By MARGARET D. PALMER. Pp. 234. Price 7*s.* 6*d.* net. Baillière, Tindall, and Cox.

In this book we have, in a somewhat expanded form, the instruction given to the nurses at the London Hospital by the authoress, who has had considerable experience in this special branch of nursing.

More than half of the work is devoted to anatomy, perhaps with but little profit to the reader. It is difficult to estimate the capacity of others for acquiring a knowledge of the subject by reading only; for ourselves we feel that there is so much detail that it would be a hopeless task to follow the purely descriptive part without some practical knowledge of dissection; yet we cannot suggest any means by which the anatomical teaching could be made less prominent with profit to the pupil.

When the parts dealing with the actual massage are reached we have little fault to find. The various methods and their application are excellently described, and without a special knowledge of the subject there is no difficulty in grasping the writer's meaning. The illustrations are excellent, and make the letterpress easy to understand.

There is, perhaps, rather a tendency to discuss the treatment of disease at length, and here the ground becomes very dangerous. It is not the object of a book of this kind, addressed as it is to nurses, to even appear to offer advice on the treatment of diseases; otherwise it might be concluded that the treatment of intussusception is "massage." The condition may have been relieved by this process in isolated cases, or the diagnosis may have been wrong.

While paying a deserved tribute to the subject-matter of the book, we cannot but complain of its literary style. It does not follow that because authors have something to say, they are justified in offering to the public sentences which are either faulty in construction or obscure in meaning.

## Calendar.

September, 1901.

Tues., Sept. 3.—Sir William Church and Mr. Willett's duty.
Fri., „ 6.—Dr. Gee and Mr. Langton's duty.
Tues., „ 10.—Sir Dyce Duckworth and Mr. Marsh's duty.
Fri., „ 13.—Dr. Hensley and Mr. Butlin's duty.
Tues., „ 17.—Sir Lauder Brunton and Mr. Walsham's duty.
Fri., „ 20.—Sir William Church and Mr. Willett's duty.
Mon., „ 23.—Examination for Open Scholarships in Science, also for Jeaffreson and Preliminary Scientific Exhibitions begins.
Tues., „ 24.—Dr. Gee and Mr. Langton's duty.
Fri., „ 27.—Sir Dyce Duckworth and Mr. Marsh's duty.

## Examinations.

UNIVERSITY OF LONDON.

*Preliminary Scientific and Intermediate Science (conjointly).*—A. M. Jukes, third class honours in Zoology.

*Preliminary Scientific.*

*Entire Examination; First Division.*—P. L. Giuseppi. *Second Division.*—B. H. Barton, S. S. Rendall, S. Upton.

*Chemistry and Physics only.*—G. J. Eady, H. R. Prentice, S. A. Tucker.

*Biology only.*—A. T. W. Forrester, F. G. Hodder Williams, C. R. Hoskyn, N. H. Walker.

*Intermediate Examination in Science; Second Division.*—A. A. Abrahams, G. W. Lloyd.

*Honours candidate recommended for a pass.*—D. W. Hume.

*Exempt from Examination in Chemistry and Physics at the Preliminary Scientific Examination.*—E. T. Glenny.

*Conjoint Examination Board.*

*First Examination.*

*Chemistry.*—E. J. Balchin, J. G. Gibb, C. G. Grey, W. H. Harvey, J. R. Lloyd, C. B. Mora, W. S. Nealor, E. H. Shaw.

*Pharmacy.*—A. K. Armstrong, R. C. P. Berryman, R. A. Bowling, C. P. Charles, W. R. Collingridge, P. A. Dingle, G. J. Eady, C. Elliott, R. V. Favell, C. H. Fernie, W. E. L. Fowler, J. G. Gibb, L. Grey, J. P. Griffin, E. W. D. Hardy, T. A. Kilby, H. J. S. Kimbell, C. Loddiges, W. G. Loughborough, J. E. R. McDonagh, R. C. P. McDonagh, E. H. Shaw, J. F. Trewby, J. R. R. Trist, H. C. Waldo, J. A. West, C. O. O. Williams, L. E. Wright, H. N. Wright, A. C. Wroughton.

*Elementary Biology.*—L. D. Ching, M. R. Coalbank, C. G. Grey.

*Second Examination.*

*Anatomy and Physiology.*—B. N. Ash, W. S. Edmond, C. D. M. Holbrook, H. M. Huggins, A. M. A. James, E. B. Lathbury, A. H. Muirhead, F. M. Newton, C. W. O'Brien, A. F. C. Pollard, H. H. Rolfe, H. B. Scott, J. E. L. A. Turnly, A. D. White, F. E. Whitehead.

*Final Examination.*

The following have completed the final examinations:—C. R. H. Ball, S. B. Green, F. Gröne, E. I. P. Pellew, E. E. Young, F. P. Connor, W. B. Knobel, L. E. Dickson, A. J. Fairlie-Clarke, L. M. Morris, E. W. Price, R. T. Thorne, A. B. Olsen, J. B. Cox, W. V. Wood, D. S. Sandiland, W. E. L. Davies, R. G. Whiting.

## Appointments.

CORNISH, C. V., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Wolverhampton Hospital.

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GRÖNE, F., M.R.C.S., L.R.C.P., appointed House Physician to the Chest Hospital, City Road.

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HUGHES, J. B., M.A., M.B., B.C., appointed Hon. Medical Officer to the Macclesfield General Infirmary.

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MELLOR, A. J., B.A., M.R.C.S., L.R.C.P., appointed Assistant House Physician to the Wolverhampton Hospital.

## New Addresses.

CRUMP, A., Park Lane, Welshpool, Montgomery.

MARKS, L. FREEMAN, Rose Bank, Mumbles, R.S.O., Glamorganshire.

PHILLIPS, L. C. P., Kasr-el-Aini Hospital, Cairo, Egypt.

THORNE THORNE, R., "Essendene," Chobham Road, Woking.

## Birth.

GUNDLACH.—On July 26th, at Holmedale, Fletching Road, Clapton, the wife of J. Gundlach, M.R.C.S., L.R.C.P., of a daughter.

## Marriage.

MARKS—BURGESS.—On August 15th, at West Cross, Leonard Freeman Marks, M.B.Lond., M.R.C.S.Eng., of Rose Bank, Mumbles, R.S.O., Glamorganshire, son of T. Septimus Marks, Esq., of Highgate, London, to Ethel Osmond, second daughter of J. H. Burgess, Esq., of The Croft, Mumbles.